STATE OF MICHIGAN

DEPARTMENT OF MANAGEMENT AND BUDGET

OFFICE OF RETIREMENT SERVICES

Serving the Customers of the Judges, Public School Employees, State Employees, and State Police Retirement Systems

PO Box 30171, Lansing, MI 48909-7671 www.michigan.gov/ors

Telephone: 517-322-5103 Outside Lansing: 800-381-5111

OFFICE USE ONLY			
EFFECTIVE DATE			
Health	MO	DAY	YEAR
D/V	MO	DAY	YEAR

Public School Employees Group Insurance Application

HEALTH, DENTAL/VISION (Print and complete all spaces as appropriate.)

A. PENSION RECIPIENT DATA (This Section Must Be Completed)

SOCIAL SECURITY NUMBER	PLAN ADMINISTRATOR'S USE ONLY: GROUP NO. / SUFFIX / DEST. CODE	NO. OF MEM.	MAR. STAT	RELAT. SUB. / SP.

NAME (Last, First, Middle	BIRTHDATE MO DAY YR	☐ MALE ☐ FEMALE

ADDRESS	CITY	STATE	ZIP CODE

ARE YOU ENROLLED IN MEDICARE?	MEDICARE NO.	EFFECTIVE DATES FROM MEDICARE CARD	
		Hospital - Part A: MO DAY YR	Medical - Part B: MO DAY YR
YES ☐ NO ☐			

Is your spouse a retiree of the Michigan Public School Employees Retirement System? ☐ No ☐ Yes

If yes, provide your spouse's social security number _____

B. COVERAGE DATA (This Section Must Be Completed)

	Retiree Requested Effective Date MO DAY YR				
ENROLL ☐ HEALTH PLAN/BCBSM		DECLINE COVERAGE ☐ HEALTH PLAN	REQUEST ☐ SELF	☐ SPOUSE	☐ CHILD(REN) ☐ PARENT
ENROLL ☐ DENTAL/ VISION PLAN		DECLINE COVERAGE ☐ DENTAL/ VISION	REQUEST ☐ SELF	☐ SPOUSE	☐ CHILD(REN) ☐ PARENT

C. DEPENDENT DATA (Family Members You Are Covering).

LIST DEPENDENTS TO BE COVERED FOR THE INSURANCES CHECKED IN SECTION B. ATTACH ADDITIONAL PAGES IF NECESSARY.

		EFFECTIVE DATE FROM MEDICARE CARD	SEX	BIRTHDATE
		Hospital - Part A: MO DAY YR / Medical - Part B: MO DAY YR	M/F	MO DAY YR
SPOUSE: NAME (Last, First, Middle)	MEDICARE/SOCIAL SECURITY NUMBER			
CHILD: NAME (Last, First, Middle)	MEDICARE/SOCIAL SECURITY NUMBER			
CHILD: NAME (Last, First, Middle)	MEDICARE/SOCIAL SECURITY NUMBER			
CHILD: NAME (Last, First, Middle)	MEDICARE/SOCIAL SECURITY NUMBER			
PARENT: NAME (Last, First, Middle)	MEDICARE/SOCIAL SECURITY NUMBER			
PARENT: NAME (Last, First, Middle)	MEDICARE/SOCIAL SECURITY NUMBER			

D. OTHER INSURANCE DATA Complete if you or dependents are covered by other insurance. Attach additional pages if necessary.

NAME OF HEALTH INSURANCE COMPANY	POLICY HOLDER'S NAME	POLICY NUMBER	WHO IS COVERED? ☐ SPOUSE ☐ CHILD ☐ PARENT
NAME OF VISION INSURANCE COMPANY	POLICY HOLDER'S NAME	POLICY NUMBER	WHO IS COVERED? ☐ SPOUSE ☐ CHILD ☐ PARENT

I have read and agree to the applicable terms and conditions of this application as stated on the reverse side.

PENSION RECIPIENT'S SIGNATURE	AREA CODE - PHONE NUMBER ( )	DATE

1) Enrollment

You must decide within 31 days after your pension effective date whether you will enroll in the insurance plans. If you choose not to enroll then, you may enroll later. If you enroll later, your coverage will begin six months following the first day of the month in which the Office of Retirement Services (ORS) receives your completed insurance application. For insurance applications, call or write ORS.

The six-month waiting period can be waived if you enroll in this plan because you or your dependent lose eligibility for coverage in another group plan. Coverage can begin within 31 days after ORS receives your completed application along with a letter from the other group plan stating date of loss of coverage, why you are losing coverage and who was covered by the plan. You must notify ORS within 31 days of the loss of coverage to avoid the six-month waiting period.

2) Effective Date of Coverage

Medical and dental/vision coverage always begins the first day of a calendar month. A new retiree can begin coverage on the pension effective date or up to 90 days later. An approved application must be on file prior to the first of the month in which coverage is to begin.

You should check with your public school employer to learn when your present insurance coverage will terminate to be certain of continued coverage and to prevent duplication of coverage. Determining the correct effective date is very important and is your responsibility. The ORS cannot make retroactive premium adjustments.

3) Coordination of Benefits (COB)

If both you and your spouse are retirees of the Michigan Public School Employees Retirement System, within the same group plan, there will be no advantage for duplicating coverage because COB will not apply.

4) Medicare

At age 65 or sooner if eligible (because of disability), you must enroll in Medicare health insurance (both hospital – Part A, and medical – Part B) through the Social Security Administration to maintain full benefit coverage.

5) By Signing the Front of This Form, I Agree to the Following Terms and Conditions:

I elect to enroll in the insurance plan(s) funded by the Michigan Public School Employees Retirement System for which I am or may become eligible, as indicated on the front side of this application, and authorize the Retirement Office to withhold the contributions required for the plan(s).

I agree that it is my responsibility to notify the Retirement Office of any changes in my status and that of my family that may affect eligibility and/or coverage. I agree that should claims be paid on an ineligible individual, the costs of such claims may be deducted from future pension checks.

I authorize the administrator(s) selected by ORS to obtain from providers of service any and all records and other information relating to me and my covered family members. I understand that such information may be made available to ORS, on a confidential basis, for the purpose of evaluating the operation and efficiency of the plan(s) and providers. The duration of this authorization extends for the period of my coverage under the plan(s).

I certify that the information provided on the front side of this form is correct to the best of my information, knowledge, and belief.

I understand that when ORS accepts my application, my family members and I are bound by all conditions stated in the plan(s).

If I have declined coverage on the front of this form, I understand that I have been offered enrollment in the above plan but decline coverage at this time.